



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
800 BAY ROAD
P.O. BOX 778
DOVER, DELAWARE 19903

Gender Designation Change Consent Form

Name: _____

I, _____, request to have my gender designation
(print name)
changed from M/F/X to M/F/X on my driver license or identification card

(Delaware DL/ID Number)

I understand Selective Service registration is required by law under 50 U.S.C. Appendix §§ 451-473, the Military Selective Service Act (MSSA). Selective Service determines the registration requirement on gender assigned at birth and not on gender identity or on gender reassignment. Individuals who are born male and change their gender to female or not specified are still required to register.

Signature: _____ Date: _____

[Date of Issuance: _____]

